

<b>Case Number:</b>	CM13-0069078		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49 year old female who reported a work-related injury on 04/19/2011 after she lifted a bottle of bleach and it injured her hand, wrist, and upper extremities. The patient is status post right knee surgery on 07/29/2013. She has undergone conservative treatment to include physical therapy sessions, corticosteroid injections to the wrist, knee brace, and cognitive behavioral therapy treatment. A request has been made for follow up office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Follow up office visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** Per most recent clinical documentation, the patient had slight to mild right knee pain. The patient took ibuprofen, which provided moderate relief. She had completed 12 physical therapy sessions. Objective findings included slight antalgia of operative extremity. Right knee exam revealed healed arthroscopy portal scars, mild swelling, extension at 0 degrees, and flexion at 120 degrees. Her status was post right knee arthroscopy and partial medial

meniscectomy on 07/29/2013. The patient was also provided psychological treatments as in cognitive behavioral therapy sessions for symptoms of depression. It is unclear per submitted clinical documentation the rationale for the follow up office visit. California Medical Treatment Guidelines state that upon ruling out a potentially serious condition, conservative management is provided and if the complaint persists, the physician is to reconsider the diagnosis and decide whether a specialist evaluation is necessary. There was no reason provided in the submitted recent clinical documentation for the request for a follow up office visit for the patient. Therefore, the decision for follow up office visit is non-certified.